The Holding Environment and Daily Routines

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When working with children who have been severely deprived and traumatized, we need to plan each day and week to provide a high level of continuity and consistency. 'I also cannot emphasize enough how important routine and repetition are to recovery. The brain changes in response to patterned, repetitive experiences: the more you repeat something, the more engrained it becomes' (Perry and Szalavitz 2006, p.245).

Traumatized children have often suffered severe deprivation resulting from chaotic and unpredictable environments. It is essential we do everything possible to provide an experience of the consistency, predictability and 'illusion' of stability which they need and have never had enough of. This concept of 'illusion' is related to the way in which parents provide a level of consistency for young children, enabling them to believe that the world is a predictable and secure place. To some degree, this is an illusion that the parent creates for the child, until she has the emotional resources to begin coping with the disillusion, of realizing the more unpredictable and insecure realities of her own life and the world around her. For example, in the USA following 9/11 there was a huge debate in schools, religious and other groups about what to tell young children. Some groups felt strongly that children should not be given much detail, while others felt children needed to know what had happened – obviously taking into account age differences. Whatever the answer to these questions the thoughtfulness involved is something that traumatized children have often never experienced.

Most of the children we work with who may be in their teens have suffered a complete lack of protection from overwhelming experiences. One such example is a two-year-old child witnessing regular violence between her parents. This would have felt overwhelming, traumatic and something the child would not have been able to make sense of. The result would be that the child becomes highly anxious, fearful and hyperaroused and therefore less able to make use of the kind of nurture and nourishment necessary for development. So, these children who may be chronologically much older than an infant need the security of a calm, predictable environment. They need to reduce their states of hyperarousal and enjoy the kind of experiences that are necessary for their recovery. This also gives the child an experience of being cared for in a way that puts her needs first and where the carers manage the environment around her appropriately. Before a child can successfully manage the realities of the external world she needs to internalize the experience of carers doing this for her.

The starting point for each staff team is its resources and how to organize them. This provides a basic structure or framework. The following two principles are important:

1. Have consistency in the numbers, experience and gender of staff working each day. Boys and girls should have as much opportunity as possible to relate to adults of both genders.

2. Minimize the number of staff handovers each day, of management changes and general comings and goings. It is very helpful for the children to know exactly who they can expect to be in the home each day, especially who will be putting them to bed and waking them up. This is something a young child would normally take for granted and not have to worry about. It can be hugely reassuring for traumatized children when this is clear and reliable. At Lighthouse each child has a primary and a secondary carer, who are the only rostered workers in the home. When a carer is on leave, they will have a respite carer that is attached to the home and has regular contact with the children. The child has an established long-term predictable relationship with the carers.

These are just basic structures to do with the day-to-day running of the home. However, they are an essential starting point in providing the children with a reliable sense of who is going to be with them from one day to the next and how changes will be managed. Once children are clear about these basic things, it is then possible to stop worrying about 'who's going to be in today?' or 'who's waking me up?' and to move on to the next level of expectations like 'what's for dinner today?

ROUTINES, LIMITS AND ANCHOR POINTS

In 1956, John Brown, who had founded the Browndale Community in Canada, for emotionally disturbed children, published a handbook, *Routines, Limits and Anchor Points*. He said it was for the management of the child in the therapeutic family throughout the day. Much of what was written remains essential today, when trying to establish a therapeutic healing environment. We shall draw upon his ideas in this section.

Routines

Every children's home and family home will have its own culture that includes norms and expectations, based around the daily routine. Routines are the way in which the home manages everyday events such as eating, waking and sleeping. A consistent routine is especially important for children as it provides them with a sense of security, knowing what is happening and what to expect. It gives a degree of predictability and reliability to their world. It is also necessary for basic physical health to have regular patterns of eating, sleeping and general hygiene, which in turn supports healthy brain development.

The degree of routine and structure to each day will vary from family to family and the needs of the children. For instance, infants are likely to have a higher level of routine, and more flexibility

is built in as children mature. At one end of the spectrum, there is a complete lack of routine which feels chaotic and insecure. At the other end, such rigidity in the daily routine might feel excessively controlling and inhibiting of individual growth. When working with traumatized children we need to strike the right balance. A sense of routine for these children is especially important as they have often lived in chaotic, unpredictable and unsafe environments, which has disrupted their emotional and cognitive development. For recovery to take place, Perry and Szalavitz (2006) argue that the most important ingredients are time and patience, and repetition, repetition, repetition! So for example, it is helpful to have regular times for meals, bedtimes, meetings and so on. For many traumatized and deprived children it may never have been clear when they would next eat, what they would have to eat, what would happen at bedtime and waking up time. So these particular aspects of the routine may have additional anxiety for them. Therefore, if they know as much as possible about what to expect their anxiety levels can be significantly reduced. It is only when the child's anxiety levels are reduced and she feels safe, that she will be able to begin forming attachments with those close to her. van der Kolk, van der Hart and Marmar (2007, p.321) explain the importance of routine for traumatized people who disassociate:

'Since disassociation involves the loss of a continuous sense of time, schedules, regular appointments, and routines are essential. Because fatigue and stress probably exacerbate dissociative episodes, establishing regular sleep-wake cycles, activity-rest schedules, and mealtimes is important.'

Limits

Limits are the rules of the home that must not be crossed, and normally relate to safety. These are non-negotiable and need to be clearly understood by everyone. An example of a limit might be that hitting another is unacceptable. It is possible that limits are quite variable from a cultural point of view. In some ordinary family homes swearing or blaspheming might be considered a limit, whereas in other homes these issues might be dealt with more lightly. Young children and traumatized children need limits to be consistent and easy to understand. This helps them to know where they stand and to feel secure. Hannon *et al.* emphasize the importance of clear and consistent boundaries for positive child development:

> However, as Diana Baumrind (1991) has highlighted, responsiveness is only one-half of the picture; the parenting that contributes best to children's development must combine attachment with 'demandingness', which refers to a parent's ability to impose consistent rules… Empirical studies show that children who were raised by authoritative parents consistently had better social skills, a stronger sense of agency, and were more cognitively advanced. (Hannon et al. 2010, p.74)

As with routines, traumatized children have often experienced wildly unpredictable limits due to the instability of their parents. An example of this is a small misdemeanour going unnoticed one day and then severely punished the next, depending upon the parent's mood. It is often this kind of experience that causes the child to become hypervigilant, looking for the slightest change in the parent's mood. As we have discussed, these children may also tend to become withdrawn or 'frozen' through fear that anything they do may meet with severe disapproval, punishment or abuse. Stien and Kendall explain the difficulty that can be involved in limit setting and give some useful advice on how we might approach this:

> most abused children need external control to fortify their internal controls. Limits, however, are frightening to them because of fears about being out of control. In their minds, the exercise of parental power usually means abuse and humiliation. If parents are able to communicate empathy for the child's perspective, a traumatized child will be less likely to interpret the limits as simply a way to dominate and exploit. Thus, empathic limit setting requires a two part statement. In the first part, convey an understanding of the child's feelings to show you are on her side. In the second part, make sure to state the boundary that the child has crossed (Chu 1998). (Stien and Kendall 2004, p.152)

Anchor points

Anchor points are the expectations of how everyday events in the home will be conducted. An example of a routine might be that everyone will have an evening meal together and an anchor point might be that hands will be washed before the meal, or people won't rock backwards on their chairs. Some homes have anchor points around things like wearing dressing gowns at bedtimes or not wearing outdoor shoes in the home. The precise nature of these is not especially important. The important thing is that each home has some anchor points that are understood by everyone. The benefits of anchor points are that they provide a regular opportunity to remind everyone in the home of expectations. They also provide an effective way of gauging children's moods. Certainly in work with children who can be challenging, the first thing to be tested is often an anchor point. So, a little battle takes place about whether the child is going to wash her hands. If this becomes difficult then it is often an indication that there is an underlying problem for the child that needs addressing. The effective use of anchor points allows difficult feelings to be picked up and worked with before they escalate to a child breaking a limit. Sometimes children need their feelings to be noticed and can only do this by being a little challenging. Without everyday anchor points they are more likely to become extreme in their behaviour as a way of seeking attention.

DAILY PROGRAMME

It is important to consider all aspects of daily activities that happen in and out of the home, including the provision of activities that are developmentally appropriate, aimed at building a sense of self-worth, skills and relationships. van der Kolk and Newman state the importance of this in treating trauma:

> the first task of treatment is for patients to regain a sense of safety in their bodies. For most individuals, this requires active engagement in challenges that can help them deal with issues of passivity and helplessness: play and exploration, artistic and creative pursuits, and some form of involvement with others. (van der Kolk and Newman 2007, p.18)

Activities can also be chosen that help children to become involved and connected to the local community, hence widening their social networks. Activities should be individual, as well as group focused. An understanding of the child's emotional development and the impact trauma has had on this, will help determine the kind of activity that will be most appropriate for each child.

Children in out of home care need to be supported to positively engage with an education programme and/or school. It is acknowledged that good quality educational experiences and attainments can be especially important for children in achieving positive long-term outcomes. As well as supporting the children with their school work we should also ensure the home environment offers opportunities for learning in a general sense. For many of the children, this needs to be at a level where they are learning things like the sequence and pattern of daily events, how one thing leads to another, as well as the causes and consequences of events in their daily life. Perry and Szalavitz emphasize the importance for traumatized children of learning about cause and effect:

> children who develop severe behavior problems often lack this ability to link cause and effect. The early chaos of their environments doesn't make these connections clear and visible. There are too many anomalies, too many inconsistencies. A child of average or below average intelligence won't be able to learn without constant repetitions. (Perry and Szalavitz 2010, p.153)

USE OF TELEVISION AND COMPUTERS

The use of television and computers is an important part of daily life. Both can be used educationally and for relaxation. Computers in particular offer a wide range of possibilities in terms of play and learning. However, if used excessively both can also be negative, sometimes being used as a way of avoiding relating to others or of completely switching off from the world. Therefore, limits should be set around the time spent watching television and on computers. We

also need to ensure there is time for bonding as a 'family', general communication, relationship building, and shared experiences. In role modelling good parenting, we need to be careful not to use television and computers as a form of pacifier, as a way of avoiding the challenging therapeutic work. Managing the use of television is also a way of preventing impingement as it can lead to overstimulation, particularly prior to bedtime.

With the ease of access to inappropriate material on the internet and TV, both also need careful monitoring. Watching a TV programme together is important, so that the carers are tuned into anything the programme might raise for the child. Some TV programmes may provide opportunities to have discussions about a theme that is relevant to the child. Talking about things in this way, about a TV character or theme can feel once removed and easier to talk about, for instance, exploring choices a character has made, why they did something and what else they could have done. Some programmes might be particularly enjoyable to watch together as a group, like a good comedy. This can help to build positive shared experiences. A weekly pattern around TV programmes watched also helps to provide structure to the daily routine and expectations.

FREE TIME

Whilst it is important to create a stimulating home environment with a variety of interesting activities it is also necessary to make sure children have enough time just to be. Too much activity can be used as a way of avoiding feelings by busying ourselves so much we don't have time to feel anything. Children also need time just to relax, do nothing much and have time to spontaneously follow an interest, such as reading, listening to music or chatting. These simple pastimes can be a way for a child to explore, think and gain insights about herself, others and the world around her. As one boy in a therapeutic community put it, when asked by a visitor, 'what do you do all day?' – 'I don't know what we do, but it's a fine place to be in' (Harvey 2006, p.56).

THE IMPORTANCE OF FOOD IN THE HEALING PROCESS

Food represents one of the child's earliest contacts with the external world. It is the activity around which personal relationships first develop and around which they may first break down, with the most dangerous and far-reaching of consequences. Bettelheim 1950, p.180

Through our therapeutic work with children, mealtimes and food provision gives workers a crucial tool in combating emotional trauma that children may have suffered. Keenan 2006, p.83

Our first experience of food is normally within the context of a loving relationship with a parent. The baby who is being fed receives the nourishment of milk but ideally far more than that. Some

studies have shown that the physical warmth and contact in the earliest feeding experiences are as important as the feeding itself. The 'mother' not only holds and feeds her baby but she is also emotionally attuned at a deep level, responding to small changes in the baby's feelings. The experience of feeling emotionally held in this way and its association with food will help, it is hoped, the young infant to develop a positive relationship with food and feeding – as something satisfying, enjoyable and nourishing. From this positive beginning the infant is then able to become sociable around mealtimes, as she moves from being fed to sitting and feeding herself. Her first family meals, with parents and siblings may become a focal point for the family where they enjoy each other's company. Bettelheim (1950) captured the importance of food in the process of becoming a sociable person, by titling a chapter in his book *Love is not Enough* – 'Food the Great Socializer'.

Rather than associating food with positive experiences, children who have suffered deprivation, trauma and abuse are normally very anxious in relation to food. Their anxieties can range from feeling there won't be enough food for them to a genuine fear that the food might be contaminated or even poisoned. Some children may act very suspiciously of food and eat very little. They may need to feel in control of what they eat and may only be happy to eat very specific foods, until they feel safe enough to try new foods. Other children might always appear to be hungry and eat excessively. This may be related to anxiety and constantly eating as a way of trying to keep difficult feelings at bay or a form of self-soothing. Deprived children and in particular children who have been homeless are used to fending for themselves. This kind of selfprovision can make it hard for them to accept food from someone within the context of a relationship or social situation. Some traumatized children may be extremely mistrustful and rejecting of our efforts to provide food. This can be difficult for us to manage as Keenan describes:

> As caring adults, children not eating can cause adults distress, creating an anxious pre-occupation… Like the mother feeling rejected by a child who spits out her milk (McMahon 2003), the worker may feel personally rejected by the child who won't eat the food provided, leading to strong feelings. (Keenan 2006)

In some cases, where it seems that the child may be developing an eating disorder these anxieties are especially challenging. Careful attention does need to be paid to this and whether there are any signs that a child has a specific eating disorder.

As food is so symbolic of early provision and everything that hopefully goes with it, like a parent's love and care for his or her infant, it can become the focal point where feelings about relationships in the present and past are expressed. Food can be perceived by a child to represent our care or lack of care for her. Therefore, a child who accepts food happily from an adult may be conveying a message that she also accepts the relationship with that adult. Conversely, by

rejecting or ‘rubbishing’ the food it can feel like she is rejecting the adult’s care. In reality, both scenarios may hide more complex issues and we need to be careful to maintain a thoughtful response. For example, a child may be rejecting the food and hence the adult’s care as a form of testing:

> he is trying to breach what he may perceive as the grown-up’s caring façade. He will want to get beneath this façade and prove that she shares his perception of himself as worthless and unlovable. Once again the carer needs to develop a kind of ‘therapeutic stubbornness’ whereby she continues to provide the opportunity for a good experience despite being shown by the child that she is completely hopeless. (Hamil 2004, p.7)

Paradoxically, a child who is behaving like this may be more engaged with the adult than a child who appears to be more readily accepting, but may also have learnt to please adults to protect herself from potential harm and to keep an emotional distance.

Often traumatized children who feel an emotional emptiness are unable to trust anyone to provide for them. They may try to fill this emptiness through comfort eating, or sometimes through delinquent activity where the feelings of excitement replace the feelings of emptiness. However, these attempts by the child to ward off feelings of emptiness are ultimately unsatisfying. They tend to lead to a habitual but ineffective pattern. If a traumatized child begins to form an attachment and to feel safe and secure, she may begin to feel that her needs for nourishment can be met in the context of a caring relationship. At this point the child may become hugely demanding of her carers to fill her emotional gaps. In essence, this is a healthy development but can be misunderstood because it might appear that the child is becoming excessively demanding and ‘greedy’. Dockar-Drysdale (1990a, p.82) has talked of how delinquent excitement can be replaced by oral greed, ‘part of the therapeutic process is to help the child to find his lost infantile greed, which has been displaced into delinquent excitement.’ The key factor is that the greed, which is really a wish to have needs met, takes place in the context of a relationship rather than selfprovision, such as mealtimes provided by carers. Though it may be necessary to have some reasonable control over how much the child eats, it is not helpful to respond in a critical or punitive way. Often children who have been deprived expect that their ordinary needs are a burden to their carers. They are used to being punished for expressing any kind of need. As a result they may feel that their needs and desires are ‘bad’ and ‘greedy’. An empathic response would be to recognize that the young person has a genuine need and to ensure this is met by positive and enjoyable experiences around food. As the child begins to realize that the provision is reliable, the feelings of greed normally subside.

Whether our feelings about the child’s attitude towards food are to do with eating ‘too much’ or ‘too little’, it is likely that we are affected by both the child’s own feelings and our experiences in relation to food. On the one hand, the child may be ‘projecting’ her own feelings about food and

everything it entails for her. On the other, as food is an emotionally laden subject for many of us, our own feelings and experiences are stirred up. We may remember being told we were greedy; anxious there wasn't enough food; made to eat food we didn't like; or being criticized for not having good table manners. If we had largely positive experiences we might feel particularly frustrated if the child can't enjoy the food we offer and feel appreciative. Keenan (2006, p.44) wrote about how demanding it can be for us to manage our own anxieties and responses around food, 'As a therapeutic worker, it is vital to be as in touch as possible with our selves so that we can work objectively with the children, not using them to relive our histories.'

The children's attitudes around food and eating habits provide us with valuable insights into their emotional states and their experiences. In therapeutic work with traumatized children, it is particularly important that we recognize both the emotional as well as the physical and nutritional aspects of food. Dockar-Drysdale, in 'The Difference Between Child Care and Therapeutic Management', wrote that,

> The differences between child care and therapeutic involvement are best seen by comparing the two kinds of work within the framework of everyday life. For example, child care workers know a lot about food and just what children need to keep them well, therapeutic workers…, while they are aiming to provide a balanced diet, are tuned into the emotional needs of the child where food is under consideration. (Dockar-Drysdale 1988, p.8)

Whitwell gives an example to illustrate this point:

> a child who has a problem with sharing, linked to an anxiety as to whether there will be enough, could have a negative reaction to a cake being divided into slices. A whole, small cake may be a more complete, emotionally satisfying experience for this child. (Whitwell 2010)

This can also be seen to be what Dockar-Drysdale refers to as a 'complete experience'. She describes the importance of such experiences for traumatized and deprived children:

> Finally, I want to draw our attention to the concept of 'the complete experience' which is important for both child care workers and those who are trying to provide therapeutic management. Deprived children have had endless incomplete or interrupted emotional experiences. People have come and gone in their lives with little realization of the awfulness of this coming and going for the child. The ordinary devoted mother sees to it that the experiences which she gives her children are complete – with a beginning, a middle and an end. She does this intuitively – it does not have to be thought out. (DockarDrysdale 1988, p.12)

The way we provide food for children, whether individually or in a group mealtime is one of the most effective ways we can provide ‘complete experiences’.

Meal preparation

This begins with the making of a meal plan and shopping for the food. The way this is done needs careful thought and with as much involvement of the children as possible. A good starting point is to discuss the children’s likes and dislikes and to ensure that there are meals that everyone likes on the menu. This way each child will have particular meals they look forward to, which helps on the days when they aren’t so enthusiastic about a particular meal. Involving children with food shopping, as well as helping them to feel confident about the food and where it has come from also helps them to learn the practicalities of shopping and creative budgeting.

As we have discussed earlier, it is not just the food that the child takes in for nourishment. Equally important is the emotional care and love that is provided. For children who have not internalized this kind of experience we need to use the opportunity to ensure that food is provided in a caring and thoughtful way. The more care and effort that is put into preparing and cooking a meal the more the child will feel that the food is being provided by someone who cares about her. A quick meal out of a packet provided in an impersonal way will not help the child to feel cared about. This means that time needs to be put aside for cooking, wherever possible using fresh ingredients and making a meal. It will be helpful for children to be able to observe and ideally help in preparing food. Seeing the food that is being used will help reduce anxieties about what might be in the food. It is also a good opportunity to learn about food, develop cooking skills and to experience the pleasure of providing a meal. At Lighthouse we were lucky enough through a partnership to receive cooked meals from a five star reception. It was very successful in terms of reducing the workload for carers. However, we found that it started to have an impact on the development needs of the children to be part of the cooking process and the internalization of the experience of being cared for. We have had to find a balance to ensure that the carers are supported with pre-prepared foods, but also that there are opportunities for carers and children to prepare meals together. This is an important element of family modelled care.

Ideally, carers prepare meals with the involvement of at least one child. Often children will gravitate around the kitchen when a meal is being prepared, observant and curious to see what is happening. Some children may be anxious to see exactly what is going into the meal so they can be sure that it is safe to eat. Where appropriate, carers may support a child in taking responsibility for preparing a meal. It may be one of the ways an older child contributes to the running of the home. This expectation of a child is based upon their stage of development. As discussed earlier, children need to experience being provided for before they are able to do it for others.

Meals prepared for children need to have a high nutritional value. The types of food the children eat will also have an impact on their physical, mental and emotional well-being. We need to be sensitive and supportive towards specific needs and preferences, such as those related to culture and religion. Some foods might trigger positive memories while others may be associated with abuse and trauma. One child reacted with panic when simply asked to finish his breakfast as it was time for school. He became out of control with panic and it was difficult to understand why. When we later searched his case history, we found that on an occasion when his mother asked him to finish his breakfast and he didn't, she hit him on the head so severely with a stick that he needed admitting to hospital.

Mealtime

> *Mealtime is also a setting which permits us to provide children easily and casually with those infantile pleasures they are anxious to receive but afraid to ask for directly.*
>
> *Bettelheim 1950, p.200*

Mealtime is an important aspect of daily life for children and ideally as many of the daily meals as possible should be shared together as a 'family' group. Having set mealtimes adds structure to a child's life and reduces the level of anxiety they experience. Mealtimes are a good opportunity to set clear expectations around behaviour and to create a sociable culture in the home. In terms of predictability, it can be helpful for everyone to have their own place in which they sit for all meals. Being clear about how the food is served will also help. Sometimes if this isn't clear, anxiety can escalate with children worried that they won't get a fair share.

We should consider the kind of things that are discussed at mealtimes. How do we ensure that conversations are positive, interesting and fun? To make the occasion as enjoyable and anxiety free, potentially difficult discussions should also be avoided. Disruptions should also be avoided, such as answering a mobile or sending text messages! How is the table cleared at the end of the meal? Does everyone help together or do children take it in turns to help? It can be seen from these examples, how many anchor points are involved in a mealtime. Not only do these anchor points help to provide the clarity and consistency the children need – they also act as something children may push against or test, which lets us know how they might be feeling before things escalate to a more serious level. Coming together in this way on a daily basis is an excellent way for everyone to connect with each other and be tuned in to the mood of the group.

It is often said in therapeutic residential care that the start of the day is the most important time of the day. The way children are woken and provided with their first meal of the day can often determine how the rest of the day goes. An appetizing breakfast provides a positive incentive at the start of the day. An enjoyable experience will help a child feel nourished physically, socially

and emotionally. Through the routine at the start of the day any worries and anxieties a child has can also be picked up on and worked with before they embark on the rest of the day.

Snacks and food in-between mealtimes

As well as the regular mealtime, consideration needs to be given to how snacks are provided. It is normal for children to want a snack between meals. The medical advice on eating would also suggest that eating a little, regularly and often is good for the digestive and metabolic system. However, there are potential problems if this isn't handled thoughtfully. Bettelheim (1950) argues that making food freely available avoids the distraction of feelings of hunger in children. It makes mealtimes a social rather than a purely physical event and symbolizes emotional care for many children. Where food has been a bargaining tool or children have been more generally deprived, they have to experience it as freely given before they can begin to enter into normal relationships with people. Some may need to eat alone with a carer at first because they cannot enjoy a shared meal. Certainly for some children, who may be especially anxious about eating in a group, knowing they can have a snack before or after the meal can help to relieve their anxiety about having something to eat. However, we need to be careful at the same time that we don't reinforce the idea that children can provide everything for themselves. For deprived children, and especially in the case of homeless children, becoming self-sufficient in this way can be a way of avoiding relationships and the need to be reliant on another. One way around this is to make snacks available inbetween mealtimes but to expect children to ask an adult if they can have a snack, rather than just help themselves. This can be done in a casual way but it at least connects the provision to an adult in a small way. Dockar-Drysdale (1969, p.63) argues that, 'the food, in my view, should always *be given by somebody,* rather than be collected by the child from the larder.'

Another issue can be the type of snacks that are provided and making sure a balance is kept between making healthy snacks available, such as fruit and less healthy snacks. Patience is needed with this, as many children are only used to eating 'junk food' that is laden with carbohydrates, preservatives and sugars. Making a shift from this type of food and eating to a more balanced diet is not easy due to the addictive nature of 'junk foods'. In some cases, the food a child enjoys may be used as a form of self-soothing. To some extent, this soothing is a substitute for the kind of soothing a child would normally receive from a parent. We can't expect that a child will just be able to give this up. However, as they become attached to a carer and find other ways of feeling soothed they may become less reliant on food for comfort.

Food and individual provision

Where children who have been deprived of the most important and formative provision – that which is provided within the context of a primary attachment relationship, careful consideration

should be given to individual experiences connected to food as well as the group experiences. As a child develops an attachment relationship with a carer she will need experiences within this relationship that help to fill some of her developmental gaps. The provision of a special food experience between the child and carer can be especially nurturing and symbolic of the kind of provision she has missed. How this is done can be explored with the child in a casual way. For example, 'maybe there is a special kind of food or drink that you would like me to give you, when we have time together on our own.' At Lighthouse the structured one-to-one time between the primary carer and the child, provides an opportunity for this kind of provision to develop.

It is quite usual when a deprived child is offered this opportunity within a trusting relationship, that she will ask for something that has a quality to it that is similar to the kind of provision of you would provide for a young infant – quite often something that is warm and easy to eat. Dockar-Drysdale (1961) called this adaptation to need and symbolic provision. If this kind of provision is made, because it is symbolic of the very important primary provision that the child either never had or was disrupted before they had had enough, it is essential that the provision is made reliably. Because the provision is symbolic it is especially meaningful and doesn't need to be made all the time.

The important thing is that it is reliably provided by the child's primary carer, for example, on two or three evenings per week (as discussed in the Robert case example on p.95). The experience can go on for as long as the child needs it. Normally when the child has had enough so that she has internalized the experience, she will let the adult know she doesn't need it anymore. The symbolic aspect of this provision is important, in that it symbolically represents early experience rather than acts as a direct substitute. A cup of warm milk with a biscuit dipped in it may be symbolic of early feeding, whereas giving a child a baby's bottle would be a concrete substitute and potentially confusing for the child. It might imply that the child can really be an infant again, rather than she can have experiences that are symbolically reminiscent of being an infant.

Grappling with this issue is very important as severely deprived children cannot progress developmentally without having the kind of experiences they missed as an infant. As Perry and Szalavitz (2006, p.138) have illustrated, 'these children need patterned, repetitive experiences appropriate to their developmental needs, needs that reflect the age at which they'd missed important stimuli or had been traumatized, not their current chronological age.' Similarly, Dockar-Drysdale refers to this as returning to the point of failure:

> Winnicott described this kind of regression as taking the patient back to the point of failure on the part of the mother towards her baby. The patient may now be a fourteen- or fifteen-year-old, a delinquent hero who certainly does not seem to accept any provision from us. The point of failure is nearly always somewhere in the course of the first year, so

> that it is to this crucial period that the adolescent must return. (Dockar-Drysdale 1990a, p.29)

We have discussed how some of these early needs can be met through the provision of food. There are also many opportunities throughout the daily routine, such as the way we end and begin each day.

BEDTIME AND WAKING ROUTINES

For many reasons these times of the day are often particularly difficult for children who have been deprived, traumatized and abused. Night-time means being on your own and many of the children will have little emotional capacity to manage the feelings of separation, the anxieties involved or being left with their own thoughts. In addition, if they were abused, this would often have happened at night-time and their fears and memories may easily be triggered at this time. Mornings and waking require the child to start a new day, when she might feel anxious and worried about the kind of day she can expect. She might not have slept peacefully and it is possible she may have had nightmares.

As we have emphasized, the starting point for reducing the child's anxiety is to provide a calm, consistent and predictable environment. The routines and expectations around bedtimes and waking times need to be especially clear and reliable, for instance, the times for going to bed and waking up, who will put the child to bed and wake her and the details of exactly what happens at these times.

It can work well before bedtime for the group to spend some time together doing something relaxing and enjoyable, like sharing stories around a small supper. The familiarity and sense the whole group has of going through another day together can be reassuring. After finishing the day as a group each child will need individual attention before they settle to sleep. This might include help with making sure they are washed and have cleaned their teeth. The privacy of a bedtime might be a time when the children can enjoy some individual provision and nurture from their carer. Children who are in their teens and who have unmet infantile needs, but at the same time have had to fend for themselves and, in the case of homeless children, literally become 'streetwise', may only feel safe enough to let down their 'tough' exterior when they are away from other children.

Generally, bedtime should be a time for relaxing and not raising difficult issues. However, if the child wants to discuss something so she can resolve it before going to sleep, this can be helpful and she will feel in control as she has chosen to raise the issue rather than having it unexpectedly brought up. Thinking ahead a little to the next day can also be helpful to give a sense of continuity and perhaps make the next day seem manageable. One example is by making sure that

clothes are ready for the morning along with anything the child might need for school. The carers should become attuned to the specific way each child likes things to be done at these times. This is another way of making adaptation to individual needs and doing things in a child centred rather than impersonal way. It can make a huge difference to how the child feels cared for, understood and valued. On a basic level, clear and enjoyable bedtime and waking routines that enable a child to sleep are especially helpful to traumatized children, because being rested is strongly associated with reducing stress throughout the day. Children who are rested, like all of us, are less reactive to potentially stressful triggers.

PLAY

The daily routine must allow the space and time for children to play. Some of the play will be structured and organized but there also needs to be free time for spontaneous play. Deprived and traumatized children will have missed many of the normal developmental play experiences. The opportunity to play, and fill some of the gaps in this way is particularly important. To understand the type of experience a child might need, first of all we need to understand the role of play in normal child development.

Play has been referred to as children's work. On the one hand, we do not think of play as work, but for children it is the way they form relationships, work things out, learn and develop skills. Starting with infancy, a baby learns to play through the interactions with the mother and other carers. To start with this is a simple kind of play: making baby noises and getting a similar response back, playing with an object, giving it and taking it back, dropping something for it to be picked up and dropped again! We are familiar with this type of play and we know the baby's smile of delight as we engage with the play. This play has a kind of rhythm to it and the baby's carer is attuned to the baby, mirroring her gestures. The baby is learning about a reciprocal playful relationship, where both contribute to the enjoyment.

Playful routines develop between the carer around daily activities such as feeding and nappy changes. Through this play the baby is also learning about herself, what she likes and enjoys and what she doesn't. As the baby develops and the attachment between the baby and carer feels secure, the baby or young infant begins to play on her own. Winnicott (1958) refers to this stage of development as the 'capacity to play alone in the presence of another'. The infant will enjoy playing with her carer but now has an interest in exploring and trying things out for herself. She might feel curious about different things she sees around her. As the infant becomes mobile, she moves around to pick up various objects, look at them, see what they can do, and so on. She is learning about the quality of things and how they work. Normally, at this stage there is also plenty of teaching from the carer, about how things work, what is safe and what isn't. The infant will be provided with toys that are designed to stimulate her interest and development. Often

these toys show cause and effect – press this and see what noise it makes, shake this and see what happens, see how these bits fit together.

By the age of two to three the infant has normally had a rich experience of play and has learnt a great deal. The brain develops most rapidly at this age. Her experiences will be internalized and this forms her 'inner world'. The inner world consists of the infant's experiences, relationships and feelings. Her inner world is organized unconsciously and symbolically. So, a symbolic object will be associated with a particular experience. For example, a monster might represent bad feelings and a teddy might be symbolic of the carer's nurture. Often an infant will use an object, such as a teddy, to help her manage feelings of separation during the temporary absence of the carer.

She will use the object in the temporary absence of the carer. The carer is out of the room for a short period and the infant holds on to the object, which symbolically represents the carer. An object used in this way is a 'transitional object' (Winnicott 1953). It is invested with meaning by both the infant and the carer and it acts as something that is between them. The carer will know how important this object is and if it is lost temporarily, we know how upset and distressed an infant can feel.

As the infant's inner world develops she begins to play in a symbolic way – organizing toys like play figures and animals, acting out various scenarios. If this type of play is observed closely it can be seen that the infant is often completely absorbed and busy working something out. She might be trying to resolve something that is difficult or replaying a pleasurable experience. At the same stage of development she might also enjoy playing more complex games, where she has to make something and master new skills. As the infant develops into a young child, she is increasingly able to play at a complex level and involve a variety of other people in this, such as siblings and other young children. The play becomes a social event where the child is learning about making relationships, sharing, taking turns, negotiating and compromising. There are often many tears at this stage as the child experiences some of the challenges involved. In a healthy environment the carer allows the child to experience some of the difficulties but doesn't allow things to become too overwhelming. The carer allows the child to experience at the right pace, offering support and guidance, and helping the child to learn and think about things.

As the young child begins school she will learn to play in large groups in a structured way, like team games and sports. This type of play will have an emphasis on rules, expectations and playing together. In this situation, she is learning about play in a wider social context and this continues throughout the school years. Increasingly, the child is learning to master new skills and test herself in a social context, learning what she is capable of.

One of the challenges in a residential care setting is how to provide a range of opportunities for play that meet the various developmental needs we have described. This is especially so with teenage children who have developed a defensive stance, sometimes as a way of coping with the hurt of what they have lost before they have had enough. They might be disparaging towards their more infantile needs in general, perhaps referring to such needs as babyish. Allowing the fulfilment of their needs involves the risk of being vulnerable, hurt and rejected.

To create opportunities for play, the culture of the home needs to be a playful one and this begins with the carers. If the carers adopt a playful attitude in their day-to-day interactions, this will help the children to relax and enjoy playful relationships. After a while, it will give them the message that it is OK to play. A playful attitude is one that encourages relationships to be fun and acknowledges the children's interests and personalities in an affirming way. This encourages the use of imagination. To do this the carers need to feel comfortable playing. This may be one of the most important qualities for a carer. Can they get alongside a child and play? Can they allow themselves to feel a little childish? For instance, some carers are excellent with messy play and join in with it enthusiastically, while others might feel inhibited and anxious about the mess. It doesn't matter that every carer is comfortable with all types of play, but it is important to find some area of play that can be enjoyed with the children. If carers have a playful attitude, many spontaneous opportunities can be found with the children, and an abundance of play materials and games is not necessary. Too many playthings around may even be intimidating and too much for the children.

CASE EXAMPLE: EMMA

One group of four girls we were working with, between the ages of sixteen and seventeen had experienced much deprivation in their lives and had a great need for early nurturing experiences. We worked on building some of this into one-to-one times with their carers, such as by providing the kind of bedtime experiences we have discussed earlier. However, the general home environment felt a bit cold and not facilitating of play. Picking up on some comments from the girls that there was nothing to do in the house, we discussed if there were any kind of toys they would like that we didn't have. In exploring this it was clear that some of the girls were worried about appearing babyish and one girl, Emma, who was more keen on the idea soon dropped it to keep face.

As a care team, we felt strongly there was a need for play and we needed to be creative in how to provide for it. The girls generally enjoyed their bath times, so we decided to get some bath toys and just put them in the bathroom. When this was done, Emma immediately noticed and asked what we had put them in there for. We said that the bathroom seemed a bit empty and we thought

it would be nice – we didn't expect that all the girls would be interested but it helped to brighten things up. The next day Emma suggested she would like to choose a few more bath toys, rubber ducks and other squeezy toys. She said she was looking forward to her next bath and asked her carer if she would mind sitting outside the bathroom and read her a story while she had a bath. Given Emma's age this was as close she could get to enjoying a nurturing kind of bathing experience – she played with the toys and her carer read to her. It was clear by her excitement and pleasure in this experience and the way she involved her carer that it met an important need, and was symbolic of experiences she had missed.

To provide these types of opportunities the carers need to be able to recognize the children's needs, give positive messages about play and some materials and toys should be available that can be used playfully. There is also the need for the organization to have an understanding of the psychosocial development of traumatized children, and to not judge this behaviour as being inappropriate due to the chronological age of the child. Training and supervision must ensure that the workers are supported in understanding and meeting the developmental needs of the children.

Some types of play that have an infantile quality to them, like messy play with clay, also have a more universal appeal associated with art and creativity. These can also be excellent ways of meeting some of the earlier needs in a way that is non-threatening. Other types of play, including music, building and making things, can meet a variety of needs including the development of new skills. This can help a child to develop a stronger identity and self-esteem. Some of these activities might also include a strong social aspect, for example playing a piece of music or making something together.

Recreational activities

These can be a great way of providing children with respite from dealing with their day-to-day issues. It can be a mistake to assume that talking about difficulties is always the only or the best way to improve how a child feels. Taking part in an activity that gives an opportunity for physical mastery can be very restorative and help to balance negative emotional feelings. We know ourselves through the satisfaction we might gain from such activities as walking together, gardening, building something and playing sports. After these experiences, we often feel rejuvenated and ready to tackle something that might be emotionally challenging. Research in recent years has shown how exercise also increases the flow of various chemicals and hormones in the body, such as endorphins, which enhance our sense of well-being and alleviate the build-up of depressive feelings.

Sharing positive enjoyable experiences together is an excellent way to foster connections between children. It can provide a solid basis for relationship development. Activities like group

outings, sporting games, indoor games, birthday celebrations, and watching each other's performances can greatly facilitate a sense of belonging, identity and normality to a child's life. These activities can also provide an opportunity to develop networks with the wider community and help address a child's social isolation.

Common goal (team building) activities

Group activities and team-building activities that see children working together towards a common goal can greatly enhance relationships and create connections between children. Overcoming challenges and solving problems together help counteract the experience of an isolating and antagonistic world where 'everyone is against me', by creating an experience of collaboration, cooperation and shared success (as with the X Factor, described on p.144). When engaging in common goal activities it is helpful that: children have the opportunity to rely on each other; each child feels that his or her opinions and contributions are valued; each child has a role to play; and that a safe environment exists where children feel comfortable sharing ideas, taking risks and making mistakes. It is also important that the child is developmentally able to be involved in this type of play, as the possibility of not being able to keep up with the other children can raise feelings of failure and rejection.

Community activities

Where an organization has a number of homes, this can provide opportunities for similar types of recreational group opportunities that might take place in a school, for instance competing against another home in a sporting game or other recreational activity. This can be an effective way to create a sense of identity and belonging to a child's home and also the wider organization. Children competing on behalf of their home can also imbue a feeling of pride and responsibility in representing their home. All children should be given an opportunity to participate in such activities regardless of their skills and good 'sportsmanship' should consistently be encouraged. Competitions may be ad hoc, such as a game of backyard cricket, or more formalized competitions between homes with prizes for the winning home.

Other cultural events can also be an opportunity for the wider group to come together and share a positive experience – a celebration, or a musical or theatrical performance. The nature of these will vary according to the particular cultural context and the way the organization builds its own culture. It can be particularly helpful for many traumatized children to have events that are associated with the yearly calendar and seasons. These events help to provide a marker that breaks the year into manageable time periods and also reminds them of the length of their involvement in the programme. As adults, we can recall childhood memories of how special times of the year and things we did were associated with the seasons. Living in a multi-cultural society provides an increasingly wide variety of opportunities for cultural development. It can

also be a fun and educational way of learning about other cultures and customs. For children that have developed polarized thinking as a defence mechanism, it can also be a way of starting to see the grey areas.

CELEBRATIONS AS A SENSE OF BELONGING

Celebrations are a significant component of a child's experience. Many traumatized children have had limited positive experiences of celebrating events such as birthdays or Christmas. In some cases, their experiences will have been especially negative. We promote the view that 'life is to be celebrated' and recommend celebrations wherever possible. Whether it is a child passing an exam or going to school consistently for a month, we encourage the celebration of all children's milestones and achievements. The sense of being valued and affirmed in this way is hugely beneficial for children who have received so much devaluing of their self-worth. For events such as birthdays and Christmas, we make sure that as many children as possible celebrate together.

While this is a worthy aim, we need to understand that children who have such low self-esteem and who have suffered so much rejection may not always respond positively to our efforts to celebrate their achievements, birthdays and cultural events. The child may feel that she is undeserving of positive acknowledgements and may react negatively to spoil our efforts. The new experience of being valued might raise difficult feelings about her past experiences. If she accepts our appreciation of her, she may fear that this will only lead to further rejection at some point in the future. Allowing herself to trust that adults can really care for and value her will raise anxiety about being let down again. We need to be thoughtful about how we introduce celebrations into their lives so that we can contain the associated anxieties.

Christmas

Whilst we are writing about Christmas, because it is part of our own cultural experience, the issues we refer to may also apply to other cultural celebrations. Christmas can be a particularly distressing time for children who have come from backgrounds of deprivation, abuse and trauma. The mere fact of living in care is a painful reminder that they don't have a birth family they can be with at a time of year when there are so many messages about the positive aspects of families sharing special times together. In addition, our own emotions and feelings about these times will also be raised and be part of the emotional mix.

CARER'S REFLECTIVE CASE DIARY

At the beginning of December, a number of children talked of being abused at Christmas, of family conflict and having presents taken off them as a punishment. Although it seemed important to explain a number of times what would happen here, this seemed to have little effect on some of them. I found myself very preoccupied with the children I look after and trying to understand their feelings about Christmas. David couldn't openly respond in a positive way to anything I gave him. After continually acting out these feelings by ignoring or rejecting my efforts, it was quite a relief when he eventually muttered to me that he 'didn't like Christmas'. The emphasis in our team meetings had been to do with thinking about our feelings connected with Christmas, trying to understand the children's feelings and attempting to respond appropriately to these feelings. The idea of providing a 'good experience' is still relevant but not so prominent. This reduces the pressure on us to ensure a good experience, perhaps allowing more space for empathy to develop. For instance, Daniel said he hated Christmas and that his present was rubbish. The next day he was enjoying playing with his present. Tony also needed to 'rubbish' his present and for this to be accepted before he could enjoy it. It can be easy for us to expect a child to be thankful, especially after all of the effort and thought we have put in. It can feel very hurtful in a way that feels quite personal when a child doesn't respond as we would wish.

The essential thing seemed to be to contain enough of our own and children's anxieties to enable us to provide a good Christmas. I think we did this. Hopefully the children's experience this year will enable them to feel a bit more 'Christmassy' next year. This is similar to providing Christmas for toddlers – the excited anticipation and Christmassy feeling can only come when they have experienced a good Christmas. Before that, adults provide all the enthusiasm. That is very difficult when the children not only 'have not' experienced, but have had awful experiences.

At our Christmas meal I don't think the adults felt too anxious about how much would be eaten. If children feel they need to eat to make us feel good, I'm sure that tension could cause considerable problems. As it turned out the whole experience was really positive and in some ways surprised me. Maybe surprises are important in this work. Important changes or happenings are often ones where we surprise ourselves, or which come unexpectedly. Perhaps the endless hard work, wondering if you are getting anywhere, is what enables this to happen.

Barton, Susan, et. al., *Therapeutic Residential Care for Children and Young People: An Attachment and Trauma-Informed Model for Practice*, Jessica Kingsley Publishers, London, 2012, pp. 147-169